

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/11/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/11/2015
NAME OF PROVIDER OR SUPPLIER ROYAL TERRACE NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING RD OLATHE, KS 66061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000			
F 328 SS=D	<p>The following citation represent the findings of complaint investigation #91283.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This Requirement is not met as evidenced by: The facility census totaled 64 residents with 4 sampled. Based on observation, record review, and interview, the facility failed to notify and obtain an order from the physician related to changing the gastrostomy (surgical creation of an artificial opening into the stomach through the abdominal wall) tube (G-tube) to a Foley catheter for 1 of the 4 sampled residents (#1).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #1 's feeding tube care plan dated 7/1/15 documented the resident with an enteral (within or via the small intestine) tube feeding related to dysphagia (swallowing difficulty) due to head and neck cancer (a disease in which abnormal cells divide uncontrollably and destroy the body tissue). The interventions included: feeding via tube as ordered, provide privacy during feeding and medication administration, 	F 328			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 328	<p>Continued From page 1</p> <p>head of bed (HOB) elevated at a minimum of 30 degrees continuously, check placement and residual prior to use of the tube as ordered, monitor site for complications, medications and flushes as ordered via G-tube, fluids via tube as ordered, change the tube as ordered by the physician.</p> <p>The hospital history and physical dated 4/30/15 documented the G-tube was placed on 4/20/15.</p> <p>The nurse ' s notes date 8/19/15 on the 7-3 shift documented the G-tube patent and in place.</p> <p>The nurse ' s notes dated 8/20/15 on the 7-3 shift documented the G-tube was replaced with a catheter for not functioning, patent, in place with no bleeding and dressing changed. The nurse ' s note lacked documentation related to the staff calling the physician and obtained an order for the Foley catheter to replace the G-tube and the size of the Foley for the staff to insert.</p> <p>Review of the physician ' s orders lacked orders for the changing of the G-tube to a Foley catheter with size on 8/20/15.</p> <p>Interview on 9/4/15 at 5:30 P.M. with administrative nursing staff D stated the facility could use a Foley catheter in place of a Peg tube in an emergency. Administrative nursing staff D acknowledged the resident ' s medical record lacked the order to change the G-tube to a Foley catheter, the size of the Foley to insert, and also notification of the physician.</p> <p>The 11/30/14 facility policy " G-Tube Reinsertion " documented the nursing staff would obtain a physician ' s order to change or reinsert the G-tube or use a Foley catheter. The nursing staff would obtain an order from the physician related</p>	F 328			

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F 328	Continued From page 2 to the size of the G-tube or Foley catheter to insert. The facility failed to ensure the nursing staff called the physician to obtain orders related to the size of Foley catheter and the use of a Foley catheter for the G-tube replacement.	F 328			